

NH AIM/ERASE Monthly Webinar
February 8, 2024

WELCOME!

- We will begin shortly
- Reminder, we will be recording this session
- Please mute your line upon entering and chat in your comments or questions
- Julie Bosak & Vicki Flanagan will monitor the chat box and call on you to unmute yourself
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Karen.G.Lee@Hitchcock.org



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REMINDERS:

- Please feel free to share the recording with colleagues and those you feel would benefit if they are unable to attend @ www.NNEPQIN.org: [Educational Offerings](#) | [NNEPQIN](#)
- We HIGHLY value your input. Please be sure to **complete the evaluation** that Karen Lee sends to you immediately following the webinar. It takes less than 5 minutes to complete.



Creating a process that ensures a
positive screen is addressed
appropriately

NH AIM/ERASE Monthly Webinar
February 8, 2024



Today's Agenda

NH Perinatal Mental Health Data
Carolyn Nyamasege, PhD, MPH, MS

AIM PMHC bundle
Julie S. Bosak, DrPH, CNM, MSN

Cheshire Medical Center
Rose Hitchings, PsyD

Dartmouth Health Manchester
Heather Martin, RMA, PMH-C, PFP
AIM Perinatal Mental Health Condition Bundle next steps

NOTE: Today's speakers have nothing to disclose



Gender Statement

We recognize that pregnant people have a variety of gender identities. There may be gendered language in this presentation, especially when citing other sources but the content of this presentation is applicable to all pregnant people.



A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.



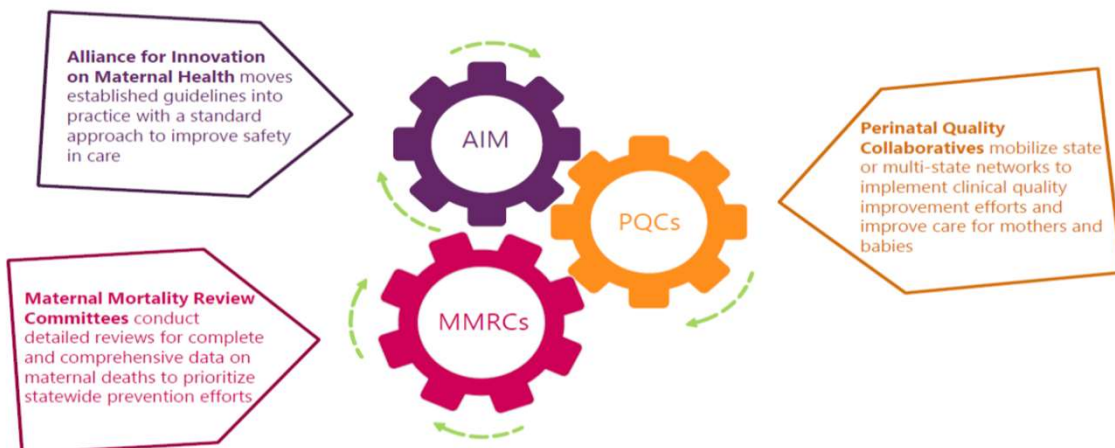
CDC works with MMRCs to improve review processes that inform recommendations for preventing future deaths.



<https://saferbirth.org/>

<https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/index.html>

Critical Collaborations: NNEPQIN, ERASE and AIM



Created from a Centers for Disease Control, Division of Reproductive Health source

NNEPQIN
NORTHERN NEW ENGLAND
PERINATAL QUALITY IMPROVEMENT NETWORK

AIM
ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

**NH DIVISION OF
Public Health Services**
Improving health, preventing disease, reducing costs for all

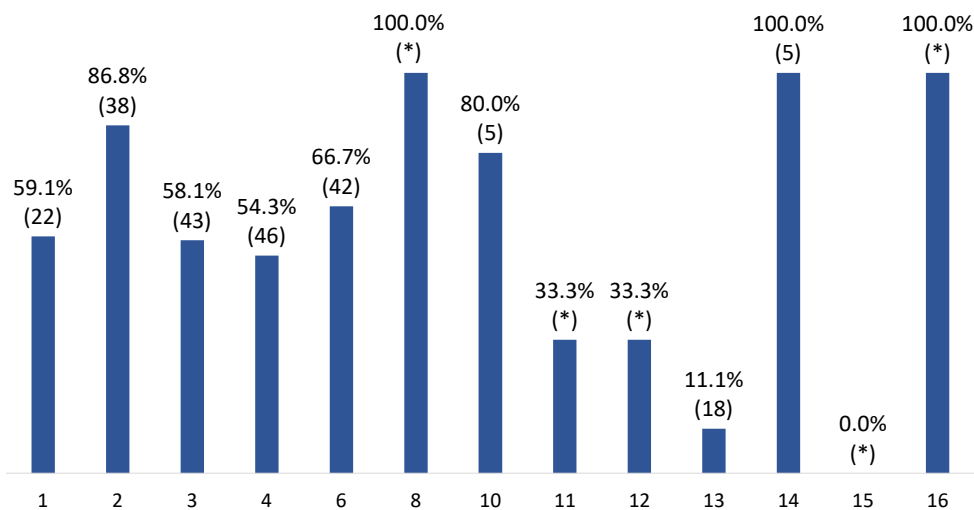
NH Perinatal Mental Health Surveillance and AIM Baseline Data Snapshot

Carolyn Nyamasege, PhD, MPH, MS
Maggie Coleman, MPH

Data source: NH Inpatient Hospital Discharge data, MCH section



**Count () of Diagnosed Cases and % Referred/Treated of
those Diagnosed with a PMHC, 2024 Jan. Births
Occurring in NH Birthing Hospitals**

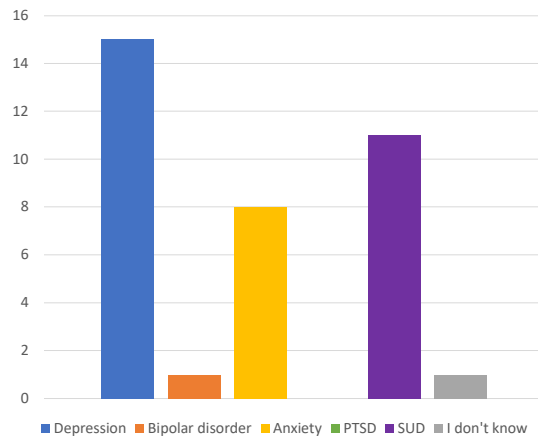


(*) Count is suppressed
due to small numbers

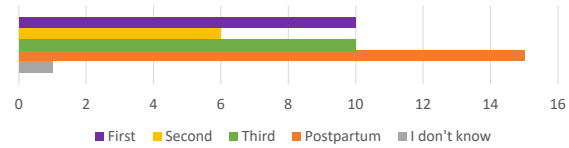
Data Source: NH Birth
certificate data,
Prepared by DHHS MCH
Epidemiologist

NH Birthing Hospitals: PMHC safety bundle baseline as of 2/6/24

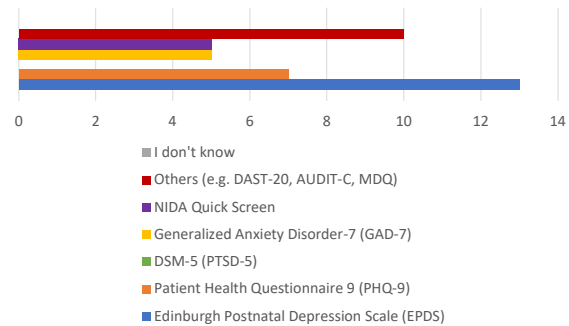
What types of mental health screenings do your patients receive during prenatal/postpartum care?



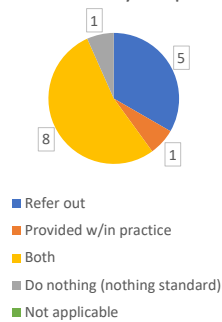
During which trimester(s) do you screen for these conditions?



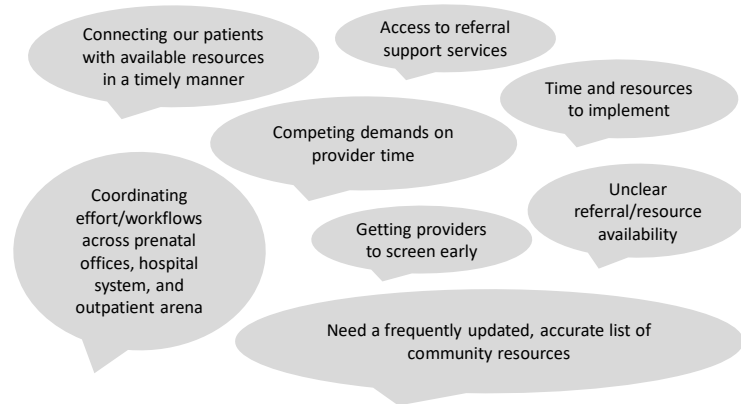
What screening tools do you use?



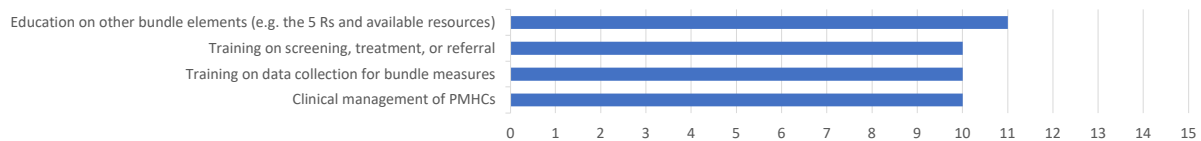
Do you refer out for mental health and SUD tx, or are services provided within your practice?



What challenges do you foresee in implementing the PMHC safety bundle?



Prioritizing implementation education topics





PERINATAL MENTAL HEALTH CONDITIONS

For the purposes of this bundle, perinatal mental health conditions refer to mood, anxiety, and anxiety-related disorders that occur during pregnancy or within one year of delivery and are inclusive of mental health conditions with onset that predates pregnancy. These conditions include and are not limited to depression, anxiety and anxiety-related disorders like posttraumatic stress disorder and obsessive-compulsive disorder, bipolar disorder, and postpartum psychosis.

READINESS

Site assessment

Develop workflows and screeners

Educate providers and staff

Develop Referral Sources

Bundle (PDF)

RECOGNITION & PREVENTION



RESPONSE



REPORTING & SYSTEMS LEARNING



RESPECTFUL, EQUITABLE & SUPPORTIVE CARE



- Element Implementation Details (PDF)
- Implementation Resources (PDF)
- Data Collection Plan (PDF)
- Change Package (PDF)
- Implementation Webinar (Video)
- National Maternal Health Hotline
- Bundle Element Context and Reference List (xlsx)

Creating a process that ensures a positive screen is addressed appropriately

Dr. Amanda Rose Hitchings
licensed clinical psychologist

Name I use: Rose Hitchings
Pronouns I use: she series

Please contact me at:
ahitchings@cheshire-med.com



Disclosure

Amanda Rose Hitchings, PsyD

As an Owner, Executive or Employee of an Ineligible Company:

My presentation(s) will not contain any references to the business lines or products of the company for which I am an owner, executive or employee of.

☒ Agree

☐ Disagree

My presentation(s) will be limited to basic science research, such as pre-clinical and drug discovery, or the methodologies of research, and not make care recommendations.

☒ Agree

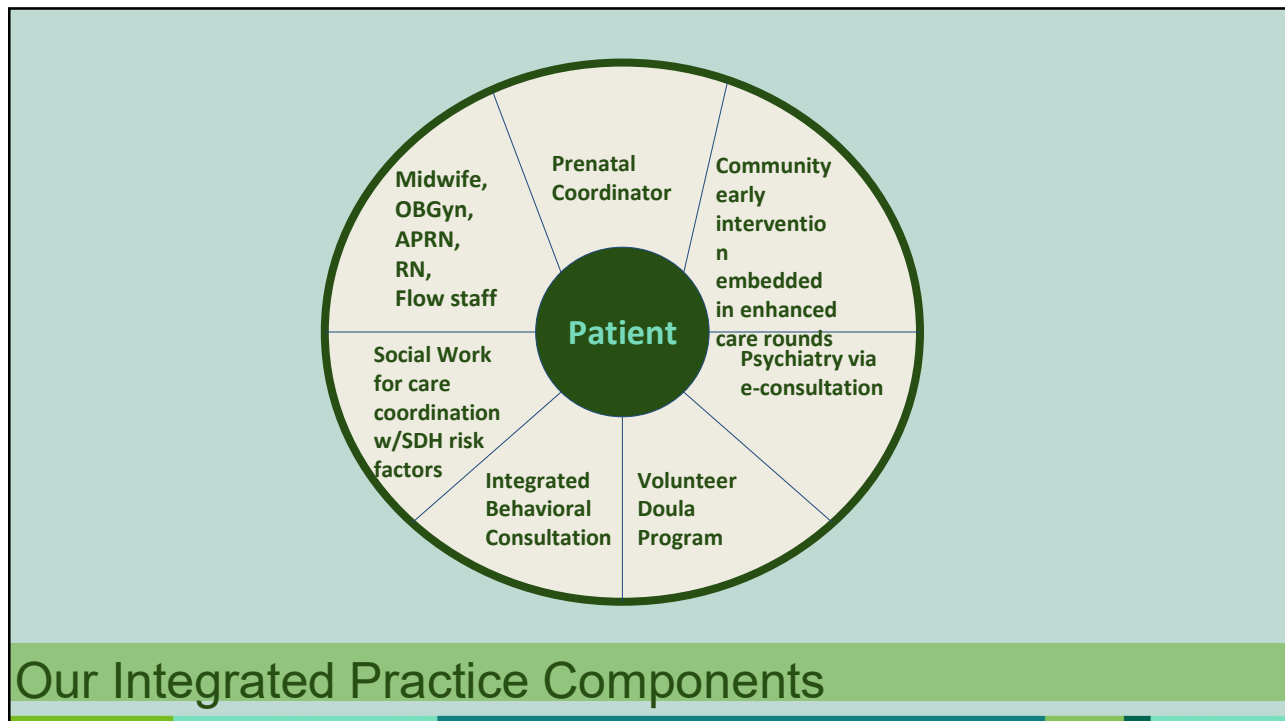
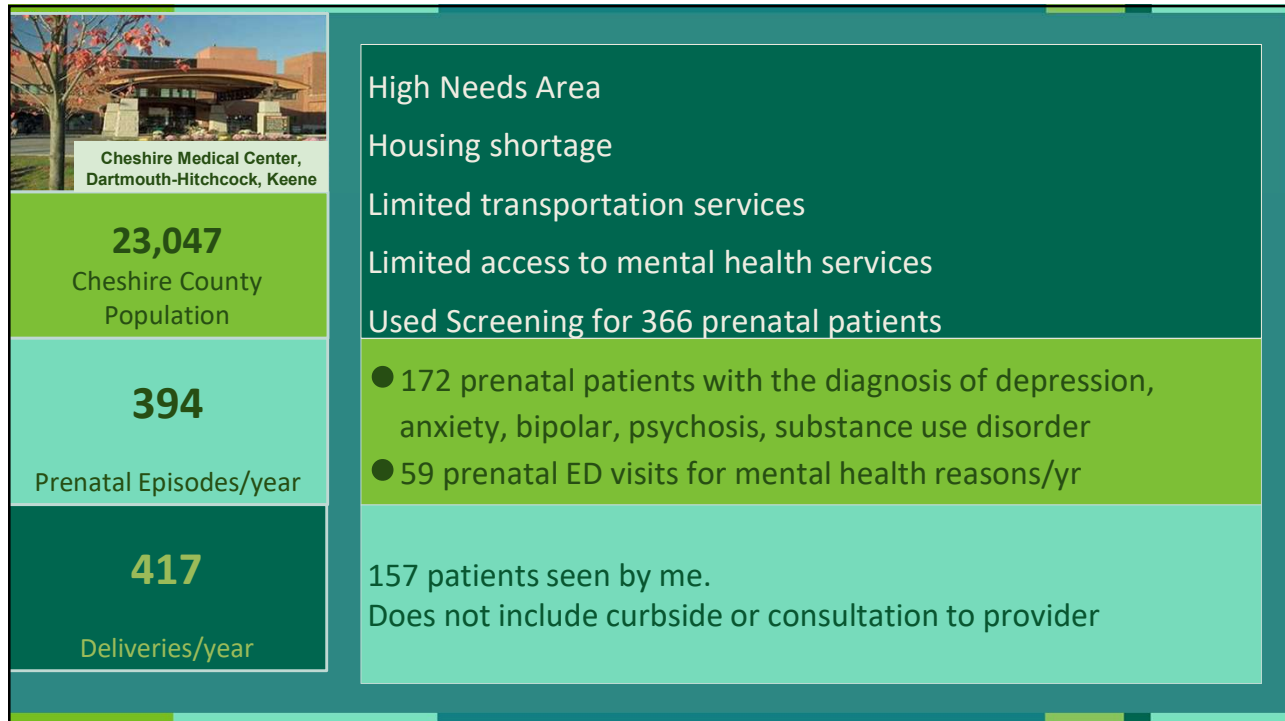
☐ Disagree

If participating as a technician to teach the safe and proper use of medical devices, I understand that I am not permitted to recommend whether or when a device is used.

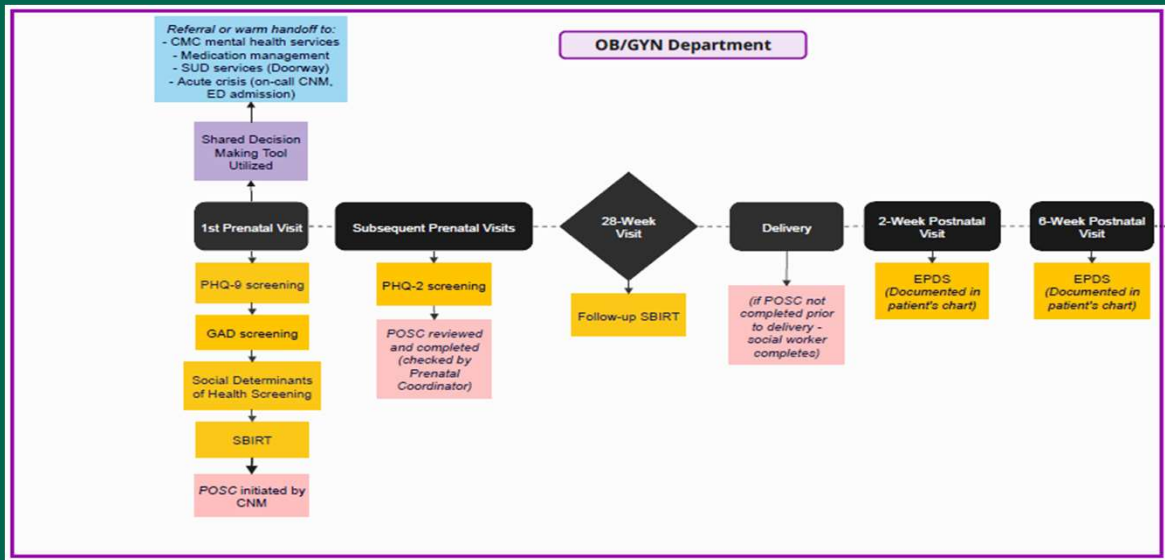
☒ Agree

☐ Disagree

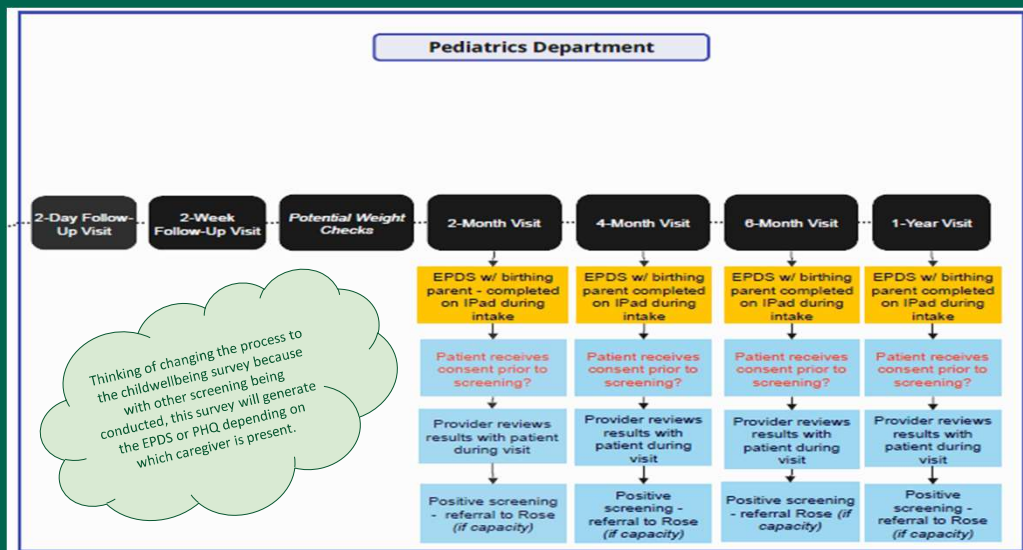




Our Screening Process-OB

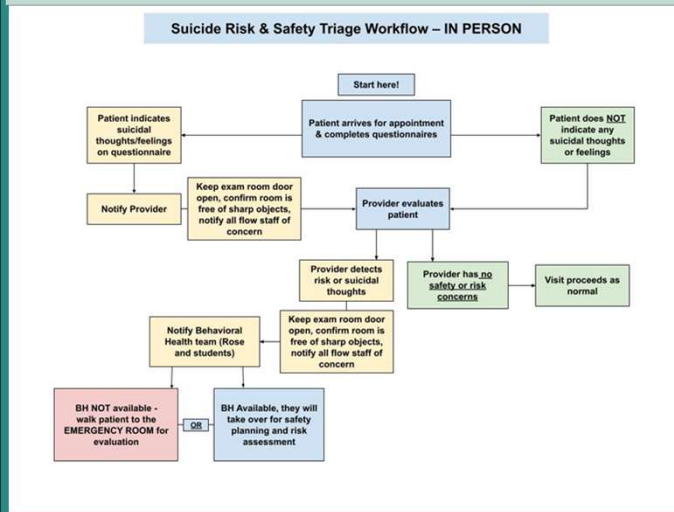


Our Screening Process-Pedi



Problem Solving and Evolution

Addressing Positive Answer to Risk Question *Specific protocols*



Potential Challenges

- Addressing Screening Fatigue
- Obtaining Consent and Partnership
- Providing Immediate Intervention
- Addressing evolving clinical needs throughout the decades
- Provider comfort

Using EMR
Documenting Rite Care.

Addressing Screening Fatigue and Consent



During your visit today your doctor will ask you questions about how you are feeling. You will be asked these questions during pregnancy and several times in the year following birth. By asking several times, you and your doctor can track any changes to your mood or levels of stress. Paying attention to changes in emotions and stress levels supports the health of both your baby and you! Your answers are private. Only you and your medical team will see them in your chart. If you choose, you do not have to answer the questions.

THINGS TO CONSIDER:

- Pregnancy, childbirth and parenting are physically and emotionally challenging for all parents.
- Some people find these questions can make it easier to talk to their doctor about how they are feeling and if they need extra support.
- It is normal to feel overwhelmed.

CONCERNS?

Please let your provider know or call 603.354.6640

WHEN TO EXPECT THE CONVERSATION WITH YOUR PROVIDER(S):

PRENATAL VISITS:

- First prenatal visit
- 28-week prenatal visit

POSTPARTUM VISITS:

- Before discharge from the hospital
- 2-week postpartum visit
- 6-week postpartum visit

PEDIATRIC VISITS:

- 2-month pediatric visit
- 4-month pediatric visit
- 6-month pediatric visit
- 12-month pediatric visit

Our Shared Decision Making Process: OB/Gyn Obtaining Consent and Partnership

My Options	What is this?	What are some reasons to choose this option?	What are some barriers to this option?	What do I have to do?
Centering Pregnancy	Group-based prenatal care	Connection with other families, information and support.	Not having reliable WiFi.	Tell your provider you want to enroll, attend your groups online.
Healthy Starts Referral	Provides care management and parenting support in your home or community.	Help for parenting, access to resources, nursing care in your home.	Some people don't want a visitor in their home, but actually HS can visit you virtually, too.	Fill out the referral form and watch for a call from "Home Healthcare, Hospice, Community Services"
In-house Behavioral Health Referral	Visits with Dr. Hitchens, our health psychologist, or doctoral students currently supervised by Dr. Hitchens	To receive consultation and learn coping strategies.	If you think you can't or won't attend appointments.	Ask your provider to refer you. You can schedule at any time with Dr. Hitchens (Rose, she/her). If we miss you, ask to be myOH messaged or accept a call back.
Monadnock Center for Violence Prevention	A group of advocates who help people in crisis.	They can help if you are experiencing violence, stalking, housing problems, sexual assault, or other problems.	Sometimes people are worried reports will be made to the police if they come forward, but Advocates are not required to report domestic violence.	https://www.monadnock.org/ 1-888-511-MCVP You do not need to be in crisis to call, they help everyone.
Mothers in Recovery	Cheshire Medical Center's treatment program for mothers with opioid use disorder.	You can get medication assisted treatment, prenatal care, and recovery care all in one place.	If you are already established with another program and don't want to transfer. If office-based treatment isn't right for you.	Talk to us! We'll tell you more.
The Doorway	Entry point for help with substance use disorder.	Help is available 24/7 and there is a Doorway location right in Keene (and others throughout the state).	If you are already established with another program.	Call "211"
Childbirth Classes	Classes for birth, breastfeeding, and baby care.	Information, discussion, meeting other families.	Cost, but scholarships are available—ask us. No WiFi access (classes are virtual).	https://www.cheshiremed.org/pregnancy-birth-childbirth-education 603-354-5454 ext. 8388
Southwest Community	Help with housing, food, heat.	One stop shop for help with local	Need to have a phone that accepts calls, and	603.352.7512 https://www.swchc.org/

Circle Your Choices						
Centering Pregnancy	Not Interested	1	2	3	4	5 Very Interested
Childbirth Classes	Not Interested	1	2	3	4	5 Very Interested
Healthy Starts Referral	Not Interested	1	2	3	4	5 Very Interested
Prenatal Wellness Program Referral	Not Interested	1	2	3	4	5 Very Interested
Postpartum Support International	Not Interested	1	2	3	4	5 Very Interested
Monadnock Center for Violence Prevention	Not Interested	1	2	3	4	5 Very Interested
Mothers in Recovery	Not Interested	1	2	3	4	5 Very Interested
The Doorway	Not Interested	1	2	3	4	5 Very Interested
Southwest Community Services	Not Interested	1	2	3	4	5 Very Interested

I have my own plan. Please describe steps you'll take:

Steps my provider will take:

My goal for this pregnancy:

How I know this goal is achieved/what will be different when it is achieved:

Our Shared Decision Making Process: Pedi Obtaining Consent and Partnership

Resource	Description	Potential Barriers	How do I Access this Resource?
Behavioral Health Resources			
In-house Behavioral Health Referral	Visits with Dr. Hitchens, our health psychologist, or doctoral students supervised by Dr. Hitchens, for a consultation and to learn coping strategies.	CMC staff will work to address potential barriers. In-house behavioral health referrals are for short-term care and appointments are in person.	Ask your provider to refer you. You can schedule at any time with Dr. Hitchens (Rose, she/her). If we miss you, ask to be myOH messaged or accept a call back.
Not Interested 1 2 3 4 5 Very Interested			
Psychology Today	Online search tool to find providers for long-term therapy or medication management.	Can be difficult to find a provider that has openings and accepts insurance. Can take time to make phone calls, emails, and get calls back.	https://www.psychologytoday.com/ Filter by insurance, appointment type, specialty, etc. Have your insurance information available.
Not Interested 1 2 3 4 5 Very Interested			
The Doorway	Entry point for help with substance use disorder. Help is available 24/7 and there is a Doorway location in Keene.		Call 211 to be connected with a Doorway at one of nine community hospitals.
Not Interested 1 2 3 4 5 Very Interested			
Postpartum Support International	Online support for parents navigating postpartum life. • Community educational resources • Online support groups • Peer mentoring • Immediate access to experts online	Access to stable internet or cellular data.	https://www.postpartum.net/ PSI Helpline (call or text): 1-800-944-4773 Note: This is not a crisis support line.
Not Interested 1 2 3 4 5 Very Interested			
Parenting Education and Supports			
Healthy Starts Referral	Provides case management and skilled nursing support in home prenatally to age 3+.	Some may not want home visits, but Healthy Starts can visit you virtually outside of home.	https://www.hcsmv.org/services/healthy-starts/ Fill out the referral form and watch for a call from "Home Healthcare, Hospice, Community Services"
Not Interested 1 2 3 4 5 Very Interested			
Little Lantern Pediatric Sleep Consulting LLC	Helps families access support for restorative sleep for both parents and babies. Services can be one time or ongoing and accessed over the phone, in home, virtually, and in office.	Does not accept insurance. Cost and appointment availability can be barriers. Stable internet is needed for online consultation.	https://littlelanternsleep.com/
Not Interested 1 2 3 4 5 Very Interested			
The River Center Babies in Arms Group	Provides parent education, family support, and community connections, including a support group for new parents.	The Babies in Arms group meets in person, transportation will be needed.	https://www.rivercenter.org/programs/babies-in-arms-support.html Contact Kelli Tourgee to register: 603-924-680, ktourgee@rivercenter.org
Not Interested 1 2 3 4 5 Very Interested			

Child Care Resources						
Child Care Aware	Free child care search, support, and education platform.	Can be difficult to find a provider with openings. Can take time to make phone calls, emails, and get calls back. Anticipate long wait lists.	Online search tool: https://www.hampshire.org/sites/default/files/Child_Care_Aware_Search Referral & Consultation Line: 603-578-1386 x 2531			
Not Interested 1 2 3 4 5 Very Interested						
NH Child Care Scholarship	Helps with the cost of child care. Eligibility is based on income and other guidelines.	A childcare provider needs to be secured prior to applying for the scholarship and application process can be lengthy.	https://www.nhconnections.org/families/child-care-scholarship To apply: https://www.nhconnections.org/families/child-care-scholarship			
Not Interested 1 2 3 4 5 Very Interested						
Additional Resources						
Southwest Community Services	Provides support with local resources (WIC, fuel/energy assistance, housing, food assistance, transportation, job assistance).	Longer application processes and need access to a working phone for initial phone call.	https://www.swchc.org/ Schedule an in-person appointment (including WIC): 603-352-7512			
Not Interested 1 2 3 4 5 Very Interested						
Monadnock Center for Violence Prevention	Provides support if you are experiencing violence, stalking, housing problems, sexual assault, or other problems. Their 24/7 hotline offers crisis intervention and peer counseling.	Sometimes people are worried reports will be made to the police if they come forward, but Advocates are not required to report domestic violence and are discreet.	https://www.mcvp.org/services/ 24-Hour Crisis Line: 603-352-3782 (Keene) or toll free 1-888-511-6287 (NH Only)			
Not Interested 1 2 3 4 5 Very Interested						
NH Family Voices (NHFV)	Provides free confidential services, resources, and advice to families caring for children with chronic conditions and/or disabilities. NHFV has a large network of families for support.		https://nhfv.org/ Toll Free In State: 800-852-3345 X 4525 or 603-271-4525			
Not Interested 1 2 3 4 5 Very Interested						
Service Link	Provides info and referrals to state resources, like Information and Referral Services and Person-Centered Options Counseling.	Access to a stable phone and internet connection is needed. Additional reach out to resources will most likely be needed.	https://www.dhsa.nh.gov/programs-services/adult-age-65-cas/service-link ServiceLink: 1-866-634-9412			
Not Interested 1 2 3 4 5 Very Interested						
My goal(s) for my health and wellness right now: _____						
I have my own plan, please describe: _____						

Behavioral Health within CMC-DH, Keene OBGyn

Providing Immediate Intervention

Pregnancy Wellness Program (PWP) Modules

Specific protocols designed to support patients throughout the perinatal time period. These interventions can be conducted as classes or individual consultation in person or via Virtual Visit.

Managing stress ~ Communication ~ Kinder thinking ~ Planning for labor ~ Self nurture ~ Goal setting ~ Body wellness ~ Postpartum plans

Birth preparation

Clarify expectations or address uncertainties in this two-session consultation model. Occasionally our past experiences influence our fears. Together we explore these triggers, discuss the meaning and create solutions that are closely supported by your laboring team.

Psychological assessment

Diagnostic assessment is offered to aid the midwife or OBGyn in decision making around medication management. This is a shared decision making process to help explore options in the management of perinatal care.

e-Con is available to support this decision.

Behavioral Health Within Reproductive Medicine

Addressing evolving clinical needs throughout the decades

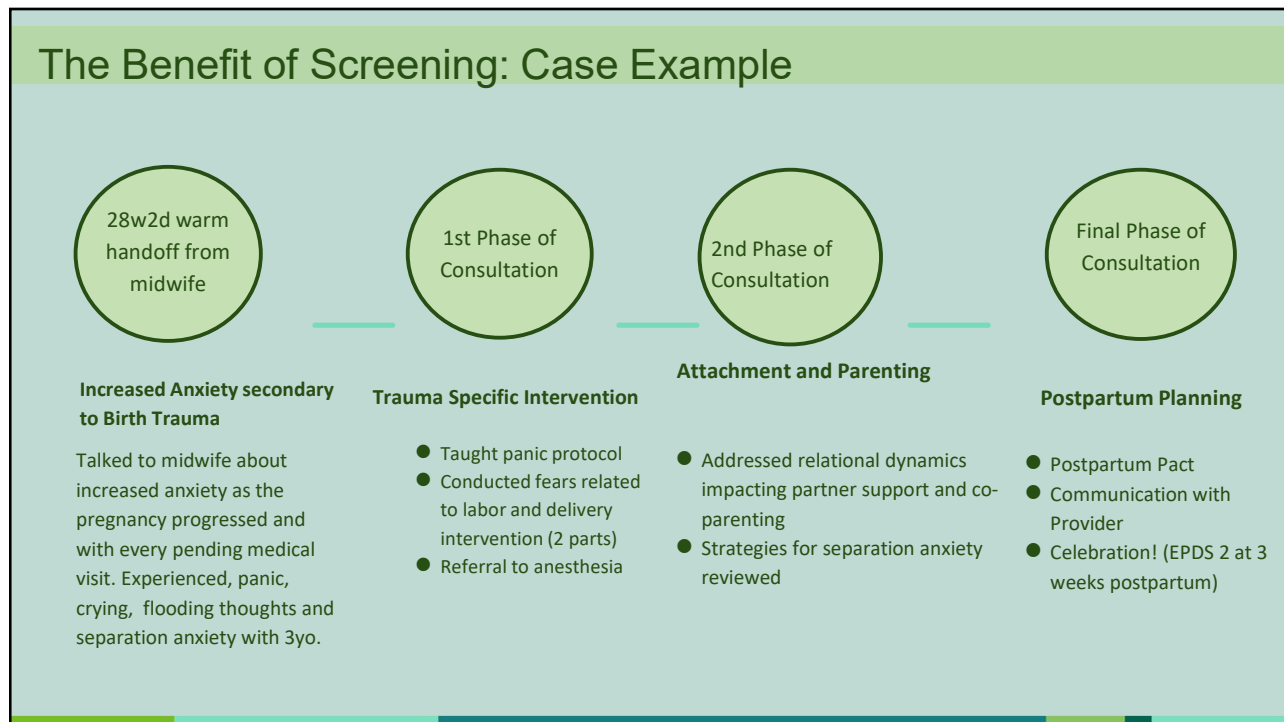
Other supportive in-person or Virtual Visits Consult Offerings:

- Birth story exploration
- Pelvic pain
- Premenstrual syndrome & premenstrual dysphoric disorder
- Coping with infertility or loss
- Addressing disenfranchised loss and other related concerns with termination
- Diagnostic assessment for trauma informed elective c-birth decision making
- Substance use counseling during pregnancy

Other Roles of the BHC in OBGyn:

- Co-facilitator of Centering Groups
- Facilitator of recovery programming
- Provide warm hand off and crisis planning
- Supervision of student clinicians
- Facilitate lunch and learns for providers, nurses, and staff
- Provide other Gyn related consults to address menopause, cancer, and other biopsychosocial concerns
- Support to teams impacted unfortunate outcomes
- Various program development projects, QI, and research, ethics committee and psychiatry operations member

The Benefit of Screening: Case Example



The Benefit of BHC for Providers, Nurses, and Staff

Reception

"I take calls all the time when people are in distress and it is helpful to know that they have the care they need to help them and I am able to help them."

Flow Staff

"I have a peace of mind that the patient is getting the care they need when the risk factors show up in the screening. It's nice to go home and not need to worry about your patients. It provides work life balance instead of worrying, 'what happened to that poor person.'"

APRN

"I feel less nervous because I don't see as many prenatal patients and I feel more confident when I screen to dive into what is going on because I am confident I can offer care. I also feel less stressed about doing my job because I know if I have a question the BHC will be able to help me."

RN

"I can think of 100 reasons why it is helpful to have a BHC. I have an immediate resource to provide appropriate care to a person. This makes it less stressful and protects my mental health knowing that I have a support. It truly prevents staff burnout."

Making Behavioral Health Feasible in Your Practice

1 Coordinated

Referral relationship with seamless connection. This clinic, then assumes the behavioral health management. Routine sharing of information.

2

Collocated

OB practice and BHC may exist together and share resources, but they practice separately

3

Integrated

The OB practice and BHC are embedded, and they may see the patient together at times. Both share the treatment planning and care management.

- Consider shared practice (e.g., I am also embedded in bariatric surgery and run a program development project in pedi and gender medicine).
- Consider positions (e.g., resource coordinator, psychiatrist, social worker, psychologist, peer support...)

Questions?

Dr. Amanda Rose Hitchings
licensed clinical psychologist

Name I use: Rose Hitchings
Pronouns I use: she series

Please contact me at:
ahitchings@cheshire-med.com





Pediatrics, Manchester
CHILDREN'S HOSPITAL

Integrating Maternal Mental Health Screenings/Support Coordinator in Pediatrics

Heather Martin, RMA, PMH-C, PFP

February 8, 2024

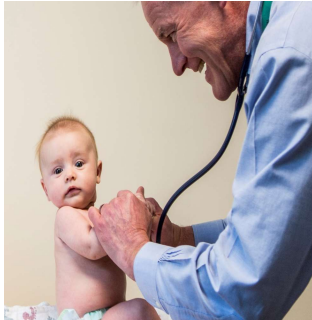


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January 2020 –just before pandemic.

- Saw the need for screening and to help our mothers.
- Come up with a process with the approval and support from our pediatric chair, Dr. Shessler.

Recommendations by the American academy of pediatrics (AAP)



When?

- Recommends at well baby visits up to one year.
- Makes sense, where we see moms the most postpartum. *Most moms are seen at the pediatrician before their follow up at 6-8 weeks with OB/Gyn. Fill the GAP.



- In the most recent study below- ***less than 50 percent*** of new mothers were screened at their babies well baby visits

Screening rates were significantly ***higher*** at the 4 month physical.

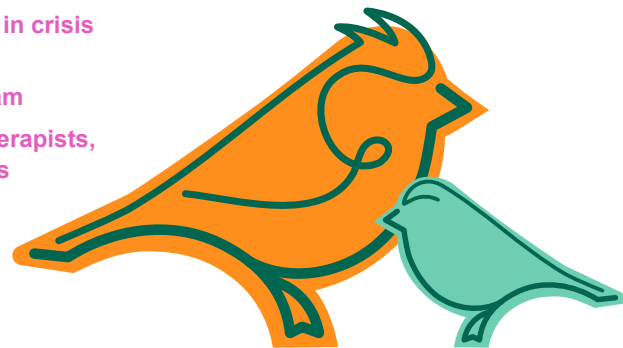
Screening for Postpartum Depression During Infant Well Child Visits: A Retrospective Chart Review - PubMed (nih.gov)

Identify the barriers to screening in pediatrics

- *Education* – not enough staff including pediatricians, nurses, support staff and more are educated in perinatal mood disorders
- *Reimbursement*- some insurances do not cover screenings at the pediatricians. Not sure what to code.
- *Time constraints*-focus is mainly on baby and not moms as a package.

First Steps

- **Staff Champion and Provider Partner**
- **Providers and staff education and listening session**
- **Clear plan of care with positive screens and in crisis situations**
- **Consistent workflow involving the whole team**
- **Resources** – availability of mental health (therapists, psych), community resource centers, groups





Goal: Screen every Mom for postpartum depression/anxiety with Edinburgh.

Team Effort: Secretaries, Rooming staff, Nurses and Providers with support from behavioral health, resource specialists and OB, and more recently a perinatal support coordinator (me!).

Action Item: Edinburgh Postnatal Depression Scale provided to Mom's at babies 2 week, 2,4 and 6 Mo WCC



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Our workflow:

1. **Screener initial manually assigned by rooming staff**
2. **Secretarial team provides tablet to Mom**
3. **Rooming staff places charges**
4. **Provider Reviews and Documents Screener Results**
5. **Screeners with score 10 or higher or positive Q10 higher risk**

What Now for Higher Risk:

- Possible next steps could include but are not limited to:
- Supply maternal mental health resources
- Encouraging Mom to discuss results with her OB or PC provider
- Contacting Maternal OB or PCP directly after permission obtained
- Connection to Heather Martin (urgent referral – behavioral health team) to follow up with mom in 1 – 2 weeks after visit.
- Connection or handoff to internal Dartmouth behavioral health resources
- Emergent Situations contacting mental health mobile crisis team

Dartmouth Health maternal depression screening dates 2020-2022 (through December) Results - Manchester

MAN PEDIATRICS												
	2020 1Q	2020 2Q	2020 3Q	2020 4Q	2021 1Q	2021 2Q	2021 3Q	2021 4Q	2022 1Q	2022 2Q	2022 3Q	2022 4Q
1M Visits												
# Patients	149	86	202	185	187	224	198	144	154	133	151	150
# with No Screener	86	20	43	47	16	18	27	9	17	16	14	11
# with Bright Future Screener	0	0	0	0	0	0	0	0	0	0	0	0
# with Edinburgh Screener	63	66	159	138	171	206	171	135	137	117	137	139
# with Either Screener	63	66	159	138	171	206	171	135	137	117	137	139
# with Both Screeners	0	0	0	0	0	0	0	0	0	0	0	0
% with Either Screener	42%	77%	79%	75%	91%	92%	86%	94%	89%	88%	91%	93%
# with Positive Screen	1	6	13	15	15	22	19	20	13	14	16	18
% with Positive Screen	1.6%	9.1%	8.2%	10.9%	8.8%	10.7%	11.1%	14.8%	9.5%	12.0%	11.7%	12.9%
6M Visits												
# Patients	179	85	177	202	228	183	206	236	214	172	166	181
# with No Screener	159	37	69	70	50	34	33	29	27	26	20	26
# with Bright Future Screener	0	0	0	0	0	0	0	0	0	0	0	0
# with Edinburgh Screener	20	48	108	132	178	149	173	207	187	146	146	155
# with Either Screener	20	48	108	132	178	149	173	207	187	146	146	155
# with Both Screeners	0	0	0	0	0	0	0	0	0	0	0	0
% with Either Screener	11%	56%	61%	65%	78%	81%	84%	88%	87%	85%	88%	86%
# with Positive Screen	2	5	14	15	29	21	21	27	26	11	13	22
% with Positive Screen	10.0%	10.4%	13.0%	11.4%	16.3%	14.1%	12.1%	13.0%	13.9%	7.5%	8.9%	14.2%

WHAT WE LEARNED

- Having a designated resource list is essential to the workflow. And also having a perinatal trained contact person in the practice.
- Provider feedback has been overwhelmingly positive. They cannot imagine NOT screening now.
- Opened the conversation with the provider and breaks the stigma for maternal mental health issues.
- By opening the conversation its can help address other concerns- food, shelter, social economic issues, etc.
- In emergent situations, the updated mobile crisis unit has been essential in assisting moms/families IN OFFICE.
- MY HOPE! –make it standard practice to incorporate mothers and babies (or something similar) curriculum in every pediatric office, to have wrap around services available right then.
- [Postpartum Depression Intervention & Family Support - Northwestern Mothers & Babies \(mothersandbabiesprogram.org\)](https://mothersandbabiesprogram.org)

Next steps:

- Get ALL pediatrics/primary care on board with screening and processes.
- EDUCATION - Train all staff for perinatal mental health that work with new mothers and families
- ADVOCACY- The more we share, the more we can get federal and state *FUNDING* to do this most important work!
- Healthy moms/families = health communities.



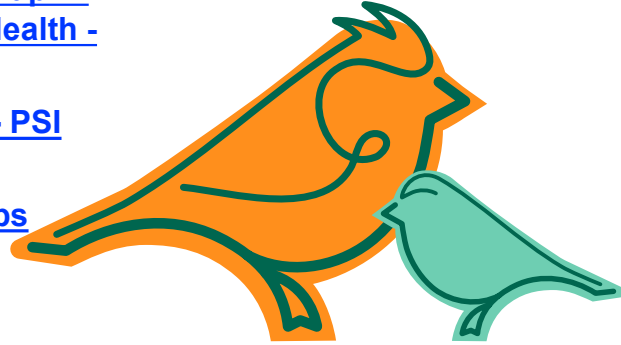
Resources:

[Universal Screening Issue Brief Released
\(2020mom.org\)](https://2020mom.org)

[2023 Maternal Mental Health Roadmap —
Policy Center for Maternal Mental Health -
Formerly 2020 Mom](#)

[Postpartum Support International – PSI](#)

[Integrating Postpartum Depression
Screening in Your Practice in 4 Steps
\(aap.org\)](#)



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[Heather Martin - Patient Advocate - MoMMA's Voices | LinkedIn](#)

[New Hampshire Chapter of Postpartum Support International \(psychapters.com\)](https://psychapters.com)

Questions & Comments?



Perinatal Mental Health Conditions

ACTION ITEM: March 1st-14th
active surveillance of deliveries
on your birth unit

- Two new questions on the birth certificate worksheet:
 - *Was the mother diagnosed for any perinatal mental health conditions?*
 - *If Yes, did they receive treatment or were they referred for treatment?*
- We may be able to avoid doing intense active surveillance to collect data for the bundle's patient-level outcome measure:
 - *O1: Percent of Pregnant and Postpartum People with PMHC Who Received or Were Referred to Treatment*



Perinatal Mental Health Conditions

NEXT STEPS TO MAKE THIS HAPPEN:

For the first two weeks of March, each site should actively track every delivery in your unit (example table below)

- If the number recorded by your team is fairly close to the number reported via de-identified birth certificate worksheets, we plan to use state surveillance to collect data for this bundle measure

Unit Surveillance Data: March 1-March 14		
# with a PMH Condition	20	
	Referred or Rec'd Treatment	No Tx
	18	2

- Maggie Coleman and Vicki Flanagan will be in touch to support
- Reach out with questions



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NEXT MONTH

NH AIM/ERASE Monthly Webinar

March 14, 2024

What does patient-centered mental health care really look like?

Mel Ramage, FNP-BC, CARN-AP, LCAS, Maternal Health Lead PQCNC

Brittini Cusson, LCSW, NNEPQIN PCAC Member

NNEPQIN 2024 WINTER CONFERENCE

February 15, 2024 Fully Virtual Conference



PSI New Hampshire

September 18-20, 2024

2 -Day: PSI Certificate of
Completion Training

Optional 3rd Day – “Advanced
Psychotherapy”

Perinatal Mood Disorders: Components of Care



PSI has developed an internationally recognized unique evidence-based training program for health providers and social support networks. We have created an expert corps of experienced trainers and are committed to providing you with the most current research.

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SAVE the
DATE!

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